

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

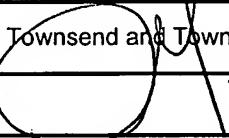
Total Number of Pages in This Submission

Application Number	10/612,265
Filing Date	July 1, 2003
First Named Inventor	Mead, Teresa
Art Unit	3727
Examiner Name	Gary E. Elkins
Total Number of Pages in This Submission	017242-010800US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Restriction Requirement	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Darin J. Gibby		
Date	April 7, 2005	Reg. No.	38,464

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Connie Larson	Date
		April 7, 2005



IFW

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PATENT

Attorney Docket No.: 017242-010800US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On April 7, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Lenn

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Teresa Mead

Application No.: 10/612,265

Filed: July 1, 2003

For: DIAPER BAG AND CARRYING
DEVICE

Customer No.: 20350

Confirmation No. 4098

Examiner: Gary E. Elkins

Technology Center/Art Unit: 3727

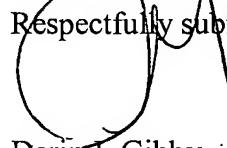
**RESPONSE TO RESTRICTION
REQUIREMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Restriction Requirement mailed March 30, 2005.

Applicant hereby elects the claims of Group I, i.e., claims 1-28. This election is made without traverse.

Respectfully submitted,

Darin J. Gibby
Reg. No. 38,464

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